MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but, not related to the terminal part iii. If deceased was there a pregnancy in disease condition given in PART I (e) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter-nature of injury in PART I or PART II of iter performed) YES NO 200. TIME OF Hour Month, Day, Year INJURY e.m. D.m. 200. INJURY OCCURRED WHILE AT WORK 200. PLACE OF INJURY (e.g., in or about home, part in or about ho	رمود		mana anh	Hay be - 7			Ιğ		꼾	<u></u>
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Death occurred at	318160.	ny knowledge, from the cause:	a date stated above, and to the best of m	m on the	occurred at	Death occurr		1 1 1		
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23a. BURIAL, CREMATION, 23b. DATE PREMOVAL (Specify) TON 14/963 SUNSET BURIAL FORK ST. LOUIS CO. MC	(State)	ty, town, or county)		23c. NAME OF CEMETERY OR CRE	TOWN TON TONE				102	F
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or country) REMOVAL (Specify) TO ALL 14 1913 SUNSET BURIAL PORK ST. LOUIS CO.	10	is Co. A	D 1 5 T		(Specity)	23a. BUR!AL, CREMA REMOVAL (Speci	†⊟≴I	 		i
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

working under my personal supervision.

Signed

Signed

Signed

Accepted Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.